

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Application for Class C Taxi Certificate for Conic
LLC DBA Z Transportation Service**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jarvis L. Conic

Telephone: 404-593-3456

Address: 2111 Little River Neck Road

Fax: _____

North Myrtle Beach, SC 29582

Other: _____

Email: Jarvis1970@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

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APR 27 2021
PSC SC
MAIL / DMS

ACCEPTED FOR PROCESSING - 2021 April 27 12:47 PM - SEPSC - 2021-146-T - Page 1 of 14

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 4/14/2021

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Conic LLC d/b/a

1.

Z Transportation Service

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2111 Little River Neck Road, North Myrtle Beach, SC 29582

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

404-593-3456

Phone

Fax

Jarvis1970@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="6000.00"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="1000.00"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text"/>
Total Assets	<input type="text" value="7000.00"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Drop Charge: \$2.60

Distance charge: \$2.70 per mile (\$0.30 per 1/9 mile)

Time charge: \$0.50 per minute (\$0.30 per 36 seconds)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Oldsmobile	2004 Silhouette	1GHDX13E74D151694	3,948 LBS

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Jarvis L. Conic

Name of Applicant

2111 Little River Neck Road, North Myrtle Beach, SC 29582

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 89.30

Limits \$25,000/50,000/25,000

The above quoted premium is for a term of 6 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

USAA

Name of Insurance Company

9800 Fredricksburg Rd., San Antonio TX 78288

Home Office Address of Company

See attached

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

4/25/2021

ABIWEB - Web Portal

Services Available Through Company
At 414-414-4141

Comm Auto Insurance Quote

Please review and confirm that all the information on this page is correct. **You can edit your contact information, add/remove drivers, or edit vehicle information.** You cannot add/remove vehicles at this time as it may affect the pricing of your policy. If you need to add or remove vehicles, please contact your agent Nichole Haley at nhaley@abiweb.com or 800-980-1950 ext 14.

Z TRANSPORTATION SERVICE LLC [Edit Information](#)

Mailing Address:

2111 Little River Neck Road , North Myrtle Beach, SC 29582

Physical Address:

2111 Little River Neck Road , North Myrtle Beach, SC 29582

Email Address: jarvis1970@gmail.com

Business Phone: 404-593-3456

Cell Phone:

Fax Number:

Coverages

4/25/2021

ABIWEB - Web Portal

New York Marine & General Ins Co - Admitted - NAIC#: 16608 - A- IX

Coverage	Limits	Per Unit	Units	Total Annual
Automobile Liability [®]	\$25,000 / \$50,000 / \$25,000	\$4,305.00	1	\$4,305.00
Uninsured Motorist [®]	\$25,000 / \$50,000 / \$25,000	\$16.00	1	\$16.00
Underinsured Motorist [®]	No Coverage			
Personal Injury Protection [®]	No Coverage			
Physical Damage [®]	No Coverage			
Premium				\$4,321.00
Total Premium, Taxes, and Fees				\$4,321.00

Billing

Premium will be billed with down payment and 10 monthly payments.

Down payment due at binding: **\$864.20**

Monthly installment amount: **\$366.35**

(Includes finance charge of \$20.67 per payment. First installment due in 30 days)

☐ I would like to enroll in automatic payments.

Drivers

Add Driver

Search Drivers

Click/tap on a driver to edit.

First Name	Last Name	License Number	State	DOB	Status		
Jarvis	Conic		C	11/03/1970	Pending	Edit	Delete

Vehicles

Search Vehicles

Click/tap on a vehicle to edit.

Unit #	Year	Make	Model	VIN	Body	Seating
	2004	Oldsmobile	Silhouette	1GHDX13E74D151694	N	1 - 8

<https://portal.abiweb.com/bind/?t=L1bpmCUh8RaHrON/w+13oMBCOhIWM00h3Hr3I3K5deeOXVcElaa5mOr485SjJmQ5JoJHfbohUZBGgAhIQAG4IE...> 2/4

is correct.

App # 206634 | Quote # 141234

<https://portal.abiweb.com/bind/?t=L1bpmCUh8RaHrON/w+13oMBCOhIWM00h3Hr3I3K5deeOXVcElaa5mOr485SjJmQ5JoJHfbohUZBGgAhIQAG4IE...> 3/4

4/25/2021

ABIWEB - Web Portal

American Business Insurance Services, Inc. is hereby authorized to debit our account, indicated below, for all amounts specified in the insurance proposal and policy. This authorization extends to include any revised payment amounts, late charges, NSF charges, or amounts due as a result of policy endorsements. The funds should be available in the account as of the payment due date. In the event the debit falls on a Saturday, Sunday, or holiday, American Business Insurance may debit the account on the next succeeding business day. This agreement shall extend to policy renewal(s) and will remain in effect while my policy is in force or until I notify ABI cancellation. This agreement remains in effect until the policy premium is paid in full instead of until policy is canceled.

04/25/2021 American Business Insurance Services, Inc.
Resident: 00077645

Home Terms Privacy Contact

4/25/2021

ABIWEB - Web Portal

Certificate Holders

Search Insureds

Name	Address	Address Line 2	City, State, Zip	Add'l Insd ^o
City of Myrtle Beach	1101 Oak Street		Myrtle Beach, SC 29577	X

Terms and Conditions

- All drivers and vehicles must be reported in writing to and approved prior to being put on the road for coverage to apply.
- Terrorism, Assault, Battery are specifically excluded.
- A \$25.00 fee may be charged for NSF payments. A \$50.00 Reinstatement Fee may be charged if your policy goes into cancellation.
- This policy may be subject to a 25% Minimum Earned Premium or short-rate cancellation if you request the policy to be cancelled.
- Minimum age requirement for drivers is 23 years old (23-24 must have a clean driving record).
- A \$25.00 fee may be charged for NSF payments. A \$50.00 Reinstatement Fee may be charged if your policy goes into cancellation.
- Terrorism, Assault, Battery are specifically excluded.
- All drivers and vehicles must be reported in writing to and approved prior to being put on the road for coverage to apply.
- This policy may be subject to a 25% Minimum Earned Premium or short-rate cancellation if you request the policy to be cancelled.
- Minimum age requirement for drivers is 23 years old (23-24 must have a clean driving record).
- Quote based on acceptable MVR(s). The carrier reserves the right to decline coverage and / or reject, exclude driver(s) if unacceptable MVR(s) discovered at binding.

Effective Date:

5/19/2021

☐ I have reviewed the above information and confirm that it is correct.

App # 206634 | Quote # 141234

Exhibit Fit, Willing, and Able (FWA)

Jarvis L. Conic

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.


The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Horry, SC)
SWORN TO BEFORE ME
This 14 day of April, 2021


Notary Public
Commission Expires 3/16/2030



Print Application

The State of South Carolina



RECEIVED
APR 19 2021
PSC SC
MAIL / DMS

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Conic LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 15th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 15th day
of January, 2020.


Mark Hammond, Secretary of State